

# CHAPTER 1

## What Is A Waiver?

Prior to 1981, people in need of long term care services could only receive Medicaid funding for such services when the services were provided in an institutional setting such as a nursing home. In October 1981, the Social Security Act was amended to allow states to choose to offer Medicaid funding for long term care services when those services are provided in the person's home or community. This became known as the Home and Community Based (HCB) Waiver or Medicaid Waiver option.

When the HCB waiver option is selected by a state, that state is choosing to waive the institutional requirements and must decide for whom those requirements will be waived. The state can select the group or groups of people for whom they wish the requirements to be waived. Some examples of groups of people for whom these requirements may be waived are people who are elderly or disabled, people who have mental retardation or a related disability, or people who have a head or spinal cord injury.

In addition to choosing to waive the institutional requirements and selecting the groups of people for whom the requirement will be waived, states are allowed to choose which goods or services will be funded through the HCB waiver. The state must choose services that are not already funded as part of the State's Medicaid Program Plan.

When the HCB Waiver option is chosen, the state must make several assurances to the Centers for Medicare and Medicaid Services (CMS) which is the division of the U.S. Department of Health and Human Services that is responsible for reviewing, approving and monitoring any waiver options selected by the state. The state must assure that necessary safeguards are taken to protect the health and welfare of all individuals, assure that all individuals require the level of care that would be provided in an institution and assure that the individual's need for the specified level of care is periodically reevaluated. The state must assure that individuals are informed of any reasonable alternatives available under the waiver, assure that individuals are given the choice of either institutional or home and community-based services and assure that the expenditures under the waiver will not exceed the amount that would have been spent if the individual has chosen institutionalization.

In South Carolina, the SC Department of Health and Human Services (SCDHHS) is the state agency responsible for all Medicaid funding. South Carolina has chosen to serve several different populations by utilizing the HCB waiver option. SCDHHS, through its Community Long Term Care (CLTC) Division, administers HCB Waivers to serve the elderly and disabled (Community Choices Waiver), people with HIV or AIDS (HIV/AIDS Waiver), and adults who are dependent on a life support system (Ventilator Dependent Waiver). In addition, SCDHHS partners with the South Carolina Department of Disabilities and Special Needs (SCDDSN) to offer waivers to serve people with head or spinal cord injuries (HASCI Waiver), people with mental retardation or related disabilities (MR/RD Waiver) and people with pervasive developmental disorders (PDD Waiver).

Recently, SCDHHS and SCDDSN received approval to offer the Community Supports Waiver (CSW) as an option. This option allows individuals with mental retardation or related disabilities to choose to receive care at home rather than in an Intermediate Care Facility for the Mentally Retarded (ICF/MR). Although the individual may choose to receive care at home, he/she must require the degree of care that

would be provided in the ICF/MR. In other words, individuals choosing this option must meet ICF/MR level of care.

The purpose of the Community Supports Waiver is to serve people with mental retardation or related disabilities in the community, **whose waiver service needs will not exceed the individual cost limit set forth in the waiver**. It also offers opportunities for individuals to self-direct certain services if they choose.

In the following chapters we will discuss the process for applying for the Community Supports Waiver (CSW) and the following services:

**Adult Day Health Care/Nursing/Transportation**  
**Personal Care I/II**  
**Respite**  
**Behavior Support Services**  
**Day Activity**  
**Career Preparation**  
**Community Services**  
**Employment Services**  
**Support Center Services**  
**In-Home Supports**  
**Psychological Services**  
**Environmental Modifications**  
**Private Vehicle Modifications**  
**Specialized Medical Supplies, Equipment, Assistive Technology and Appliances**

**NOTE:** Henceforth, anytime the term “**you**” is used throughout the chapters of this manual, it refers to the assigned **Service Coordinator or Early Interventionist**.